# Supplementary Information

A systematic review and meta-analysis of traditional insect Chinese medicines combined chemotherapy for non-surgical hepatocellular carcinoma therapy.

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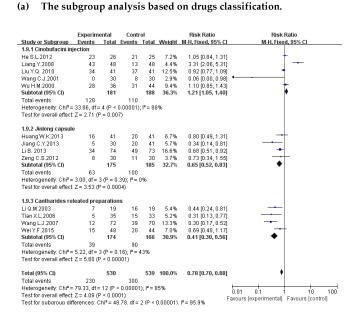
\*These authors contributed equally to this work.

# 1. The subgroup analysis for included evaluating indexes of the meta-analysis.

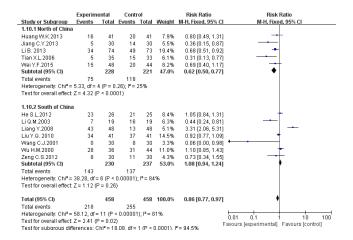
The subgroup analysis was performed by RevMan in the included evaluating indexes of the meta-analysis that have moderate or high heterogeneity (the result of  $\vec{F}$  was above 50%). The subgroup analysis was based on different separating criteria as the follows: (1) the drugs classification; (2) literature publication years; (3) experimental areas. If the results of subgroup analysis based on different separating criteria showed that the separating results of  $\vec{F}$  were remarkable lower than before, we would affirm the source of heterogeneity. The results of meta-analysis showed that white blood cell (WBC) decrease ( $\vec{F}$ =85%), hemoglobin (HB) decrease ( $\vec{F}$ =50%), gastrointestinal adverse reaction ( $\vec{F}$ =62%), liver damage ( $\vec{F}$ =92%), fever ( $\vec{F}$ =72%), pain ( $\vec{F}$ =80%) need to be conducted by the subgroup analysis. It is important to note that the immune functions (CD3+, CD4+, CD8+, CD4+/CD8+, NK) were not conducted the subgroup analysis because of the insufficient numbers of articles.

# (1) The subgroup analysis of WBC decrease.

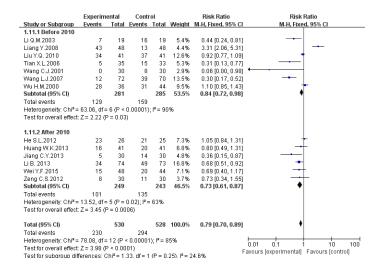
#### The subgroup analysis based on drugs classification.



# (b) The subgroup analysis based on experimental areas.

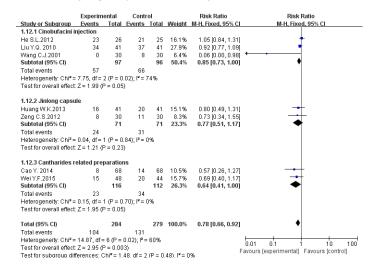


# The subgroup analysis based on literature publication years.

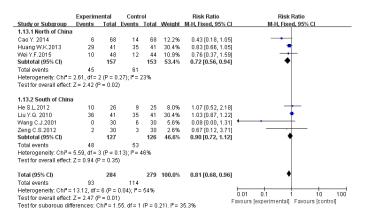


### (2) The subgroup analysis of HB decrease.

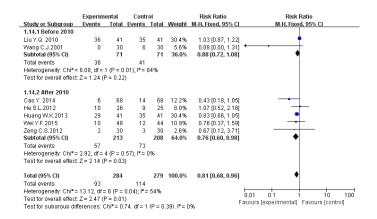
#### (a) The subgroup analysis based on drugs classification.



# (b) The subgroup analysis based on experimental areas.

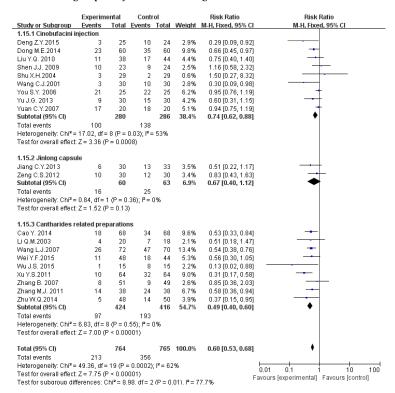


# (c) The subgroup analysis based on literature publication years.

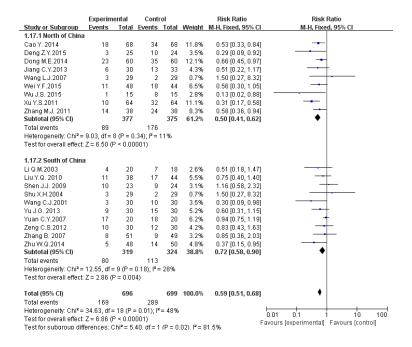


# (3) The subgroup analysis of gastrointestinal adverse reaction.

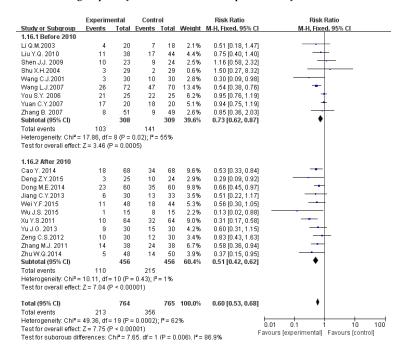
#### (a) The subgroup analysis based on drugs classification.



# (b) The subgroup analysis based on experimental areas.

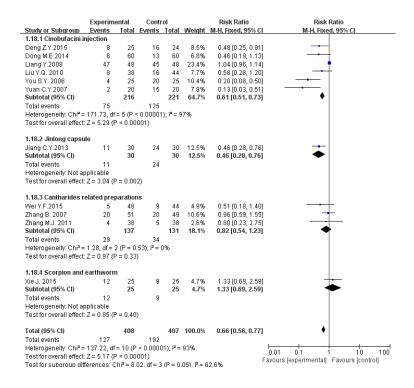


# (c) The subgroup analysis based on literature publication years.

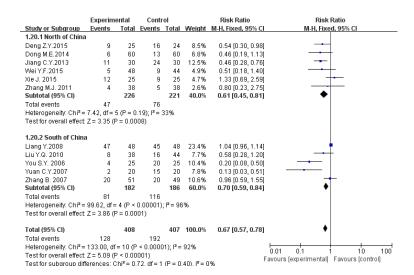


# (4) The subgroup analysis of Liver damage.

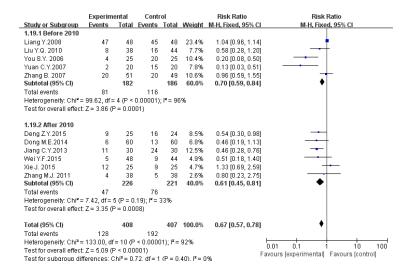
# (a) The subgroup analysis based on drugs classification.



# (b) The subgroup analysis based on experimental areas.

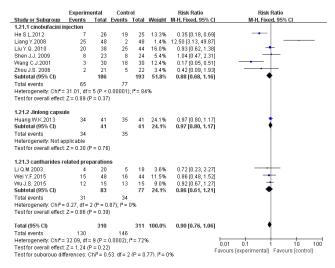


#### (c) The subgroup analysis based on literature publication years.

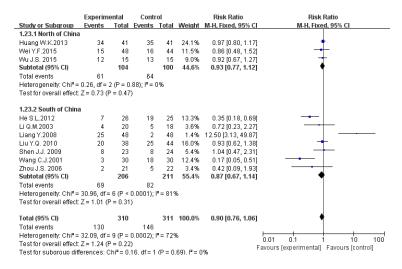


# (5) The subgroup analysis of fever.

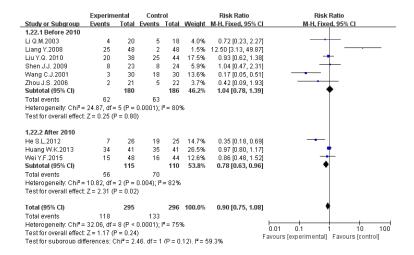
#### (a) The subgroup analysis based on drugs classification.



# (b) The subgroup analysis based on experimental areas.

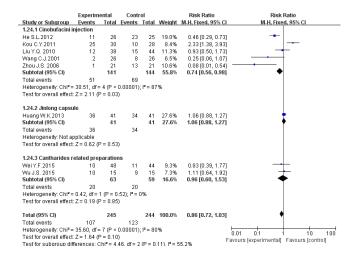


### (c) The subgroup analysis based on literature publication years.

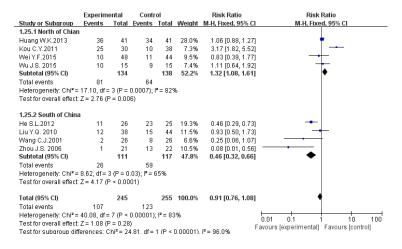


# (6) The subgroup analysis of pain.

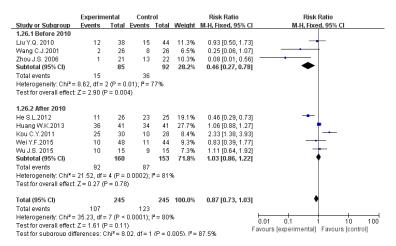
# (a) The subgroup analysis based on drugs classification.



# (b) The subgroup analysis based on experimental areas.

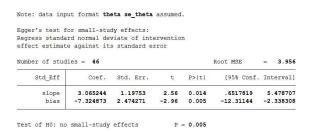


#### (c) The subgroup analysis based on literature publication years.



# 2. The images and detailed calculating information of Egger's and Begg's test by Stata.

Publication bias was assessed by Egger's test/Begg's test through the software named Stata (version 14.0, StataCrop LP, College Station, US). The P values lower than 0.05 were judged as statistically significant for the results, which represents that the study has publication bias. The results indicated that potential publication bias did exist



# Egger's test (*t*=-2.96, *P*=0.005)

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Note: data input format theta se_theta assumed.

Begg's test for small-study effects:
Rank correlation between standardized intervention effect and its standard error

adj. Kendall's Score (P-Q) = -179
Std. Dev. of Score = 105.62
Number of Studies = 46
z = -1.69
Pr > |z| = 0.090
z = 1.69 (continuity corrected)
Pr > |z| = 0.092 (continuity corrected)
```

Begg's test (z=1.96, P=0.092)